



ARIZONA CHARACTER EDUCATION TRAINING REQUEST

PARENT PRESENTATION REQUEST

Please Type or Print Neatly

I. School/Organization Information

Contact Name: _____

School/Organization Name: _____

School District: _____

Total Number of Parents/Educators Attending Presentation: _____

Address (Physical): _____

Address (Mailing): _____

Telephone: _____ Fax: _____

E-mail: _____

Date Requested: _____

1st Preference: _____ 2nd Preference: _____ 3rd Preference: _____

Time Requested: _____

Location of Presentation: _____

Have you had a CHARACTER COUNTS!sm training before? Yes ____ No ____

Total number of students: _____

Student age/group breakout: _____

Does your school/organization currently have a character education program? Yes ____ No ____

If yes, please state curriculum or program:

What are your expectations/what do you hope to accomplish with this presentation?

Are there any materials that you would like to see presented at this presentation?

Has anyone at your school/organization attended/graduated from a 3-Day Character Education Seminar? Yes _____ No _____

If yes, when? _____

Who? _____

Has anyone at your school/organization attended a 1-Day Character Education Conference?
Yes _____ No _____

If yes, when? _____ Who? _____

Do you have a screen and projector available for a PowerPoint presentation? Yes _____ No _____

Please send this request to:

Arizona Department of Education
Character Education and Development
1535 West Jefferson Street, Bin #18
Phoenix, AZ 85007
602-542-1755
602-542-5440 fax
Charactered@ade.az.gov

Department/Foundation Use Only

Date Received: _____ Received By: _____

Date Called: _____ Called By: _____

Date Trained: _____ Trained By: _____